

State of Arkansas Purchasing Card Application Form

TO ADD NEW ACCOUNT

TYPE OF REQUEST

1. Indicate "New Account" under Type of Request.
2. Complete ALL fields on the form.
3. Be sure all signatures have been obtained.

Check Appropriate Box:

- ☐ A. New Account
☐ Plastic ☐ No Plastic
☐ B. Address Change
☐ C. Dept./Div./Acct.Code Change
☐ D. Account Closure
☐ E. Name Change
☐ F. Credit Line Adjustment
☐ G. Phone Number Change
☐ H. Other

TO CHANGE INFORMATION ON EXISTING ACCOUNT

1. Indicate Type of Request.
2. Fill in card account number
3. Fill in current name on card:

First Name

Last Name

Middle Initial

Complete only the fields to be changed in the following sections

CARDHOLDER INFORMATION

AUTHORIZATION

First Name - (Embossed on card)

Middle Initial - (Embossed on card)

Last Name - (Embossed on card)

Social Security Number - (Required **ONLY** On New Apps.)

AASIS Personnel Number

Agency Name - 19 characters
(User definable - embossed below cardholder name on plastic)

Agency Address

City

AR

State - 2
character

Zip code + Ext.

\$, .
Monthly Credit Limit -
6 characters

\$
Single Transaction \$ Limit - 6 characters
(Optional)

() -
Business Phone - 10 characters

E-Mail Address:

Managing Account Number (16)
(Assigned by U. S. Bank)

Business Area (4)

Cost Center (10)

5020007000
Default GL Code
(Certain instances may require different
default GL code)

Internal Order (12)

WBS Element (24)

Fund Reservation (10)-optional

Agent Number (4)

Company Number (5)

Division Number

Department Number